

EXHIBIT T

Official Form 5 (10/06)

United States Bankruptcy Court Northern District of Illinois		IN VOLUNTARY PETITION
IN RE (Name of Debtor - If individual: Last, First, Middle) Biosafe Medical Technologies, Inc.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names)
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all.)		
STREET ADDRESS OF DEBTOR (No. and street, city, state and zip code) 100 Field Dr., Suite 240 Lake Forest, IL		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS: Lake		ZIP CODE 60045
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(61)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principle assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. §303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

03/12/2007 14:04 847470469

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PAGE 03

Official Form 5 (10/05) - Cont.

Name of Debtor: Biosafe Medical Technologies, Inc.
Case No.: _____

TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1008(e).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the Order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X David C. Fleiner
Signature of Petitioner or Representative (State title)

David C. Fleiner

3/12/07

Date Signed

X Lee P. Michaels 3/12/07
Signature of Attorney Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)

53 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X
Signature of Petitioner or Representative (State title)

William S. Lear

Name of Petitioner

Date Signed

X
Signature of Attorney Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)

53 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X
Signature of Petitioner or Representative (State title)

Focus Enterprises, Inc.

Name of Petitioner

Date Signed

X
Signature of Attorney Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)

53 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

Name & Mailing
Address of Individual
Signing in Representative
Capacity

William S. Lear

575 N. Michigan Ave., Ste. 3011
Chicago, IL 60611

2 Continuation sheet attached

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PAGE 01

Official Form 8 (10/05) - Cont.

Name of Debtor BioSafe Medical Technologies, Inc.
Case No.

TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Signature of Petitioner or Representative (State title)
David C. Fleischer

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X Signature of Attorney Date
Bauch & Michaelis, LLC

Name of Attorney Firm (if any)
63 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address
(312) 588-5000
Telephone No.

X William S. Lear
Signature of Petitioner or Representative (State title)

William S. Lear Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X John C. Michaelis, Jr. 3/12/07
Signature of Attorney Date
Bauch & Michaelis, LLC

Name of Attorney Firm (if any)
63 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address
(312) 588-5000
Telephone No.

X William S. Lear, P.A. 3/12/07
Signature of Petitioner or Representative (State title)

Focus Enterprises, Inc. Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X John C. Michaelis, Jr. 3/12/07
Signature of Attorney Date
Bauch & Michaelis, LLC

Name of Attorney Firm (if any)
63 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address
(312) 588-5000
Telephone No.

X

X

Continuation sheets attached

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PAGE 02

Official Form 5 (10/08) - Cont.

<u><i>Ned</i></u> Signature of Petitioner or Representative (State title) <u>Ned Bedito</u> <u>3/12/07</u> Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity _____		Name of Petitioner or Representative (State title) <u>Stephen J. Reitman</u> Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	Signature of Attorney <u>Bauch & Michaelis, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No. _____
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Frederick J. Fitzsimmons</u> Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity _____		Signature of Attorney <u>Bauch & Michaelis, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No. _____	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Peter M. Mott</u> Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity _____		Signature of Attorney <u>Bauch & Michaelis, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No. _____	

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NORTHWESTERN MUTUAL

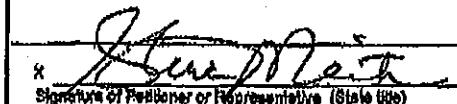
PAGE 02

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Official Form 6 (10/05) - Cont.

Name of Debtor Biosteal Medical Technologies, Inc.

Case No.

Signature of Petitioner or Representative (State title) Hed Bedrifte Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity  X Signature of Petitioner or Representative (State title) Steven J. Reitman 3-12-07 Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity		Signature of Attorney Date Bauch & Michaela, LLC Name of Attorney Firm (if any) 63 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address (312) 585-5000 Telephone No.
X Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity		X Signature of Attorney Date Bauch & Michaela, LLC Name of Attorney Firm (if any) 63 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address (312) 585-5000 Telephone No.
X Signature of Petitioner or Representative (State title) Peter M. Mott Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity		X Signature of Attorney Date Bauch & Michaela, LLC Name of Attorney Firm (if any) 63 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address (312) 585-5000 Telephone No.

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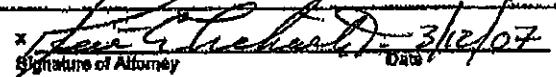
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PAGE 01

Official Form 6 (10/06) - Cont.

Name of Debtor BioSafe Medical Technologies, Inc.

Case No.

Signature of Petitioner or Representative (State title)	Signature of Attorney	Date
Ned Bedros Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity	Bauch & Michaels, LLC Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Stephen J. Reitman Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity	<input checked="" type="checkbox"/> Signature of Attorney Bauch & Michaels, LLC Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.	
<input checked="" type="checkbox"/>  Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons <i>3/13/07</i> Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity	<input checked="" type="checkbox"/>  Signature of Attorney Bauch & Michaels, LLC Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Peter M. Work Name of Petitioner _____ Name & Mailing Address of Individual Signing in Representative Capacity	<input checked="" type="checkbox"/> Signature of Attorney Bauch & Michaels, LLC Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.	

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P.01/01

Official Form 5 (10/05) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

Signature of Petitioner or Representative (State title) <u>Ned Bedros</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____	Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1116</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 688-5000</u> Telephone No. _____	Date _____
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Stephen J. Reitman</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1116</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 688-5000</u> Telephone No. _____	Date _____
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Frederick J. Fitzsimmons</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1116</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 688-5000</u> Telephone No. _____	Date _____
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Peter M. Mott</u> Name of Petitioner _____ Date Signed <u>3/12/07</u> Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1116</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 688-5000</u> Telephone No. _____	Date <u>3/12/07</u>

*** TOTAL PAGE. 01 ***

Mar 12 2007 10:40 AM Welch

Mar 12 2007 10:40 AM

p. 1

Official Form 8 (10/06) - Cont.

Name of Doctor BioSafe Medical Technologies, Inc.

Date No.

<input checked="" type="checkbox"/> <u>Michael T. Welch</u> Signature of Petitioner or Representative (State title) <u>Michael T. Welch</u> <u>3/12/07</u> Name of Petitioner Date Signed		<input checked="" type="checkbox"/> <u>Lee T. Michaelis 3/13/07</u> Signature of Attorney <u>Bauch & Michaelis, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1118</u> <u>Chicago, Illinois 60604</u>
Name & Mailing Address of Individual Signing in Representative Capacity <u>559 W. Montana</u> <u>Chicago, IL 60614</u>		Address <u>(312) 688-5000</u> Telephone No.
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>A. Alexander Arnold, III</u> Name of Petitioner Date Signed		<input checked="" type="checkbox"/> Signature of Attorney <u>Bauch & Michaelis, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1118</u> <u>Chicago, Illinois 60604</u>
Name & Mailing Address of Individual Signing in Representative Capacity		Address <u>(312) 688-5000</u> Telephone No.

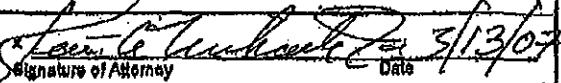
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PAGE 05/06

Official Form 6 (10/06) - Cont.

Name of filer Biosafe Medical Technologies, Inc.
Case No. _____

<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Michael T. Welch</u> Name of Petitioner <u>A. Alexander Arnold, III</u> Name & Mailing Address of Individual Signing in Representative Capacity	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ <u>Bauch & Michaelis, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 688-5000</u> Telephone No. _____
 <input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>A. Alexander Arnold, III</u> Name of Petitioner <u>A. Alexander Arnold, III</u> Name & Mailing Address of Individual Signing in Representative Capacity	
 <input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ <u>Bauch & Michaelis, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 688-5000</u> Telephone No. _____	

Mar 13 2007 11:57AM O'Brien Consulting

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Official Form 8 (10/06) - Cont.

Name of Debtor : Biosafe Medical Technologies, Inc.
Case No. _____

<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State (IL)) Michael T. Welch</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC</p> <p>Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 588-5000 Telephone No. _____</p>
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State (IL)) A. Alexander Arnold, III</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC</p> <p>Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 588-5000 Telephone No. _____</p>
<p><input checked="" type="checkbox"/> <i>Timothy O'Brien</i> Signature of Petitioner or Representative (State (IL)) Timothy O'Brien <i>3-13-07</i></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____</p>	<p><input checked="" type="checkbox"/> <i>Paul G. Bauch</i> <i>3/13/07</i> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC</p> <p>Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 588-5000 Telephone No. _____</p>

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
David C. Fleisner 1163 Ranch Road Lake Forest, IL 60045	salary (\$209,000), bonus (\$75,000), bonus (\$225,000), contract severance (\$545,000), loan (\$12,419.13)	1,066,419.13
William S. Lear c/o Focus Enterprises, Inc. 875 N. Michigan Ave. Suite 3011 Chicago, IL 60611	salary (\$41,000), expense reimbursement (\$14,000)	55,000.00

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Focus Enterprises, Inc. 875 N. Michigan Avenue Suite 3011 Chicago, IL 60611	contract claim	12,000.00
Ned Bedrof 5309 Main Street Skokie, IL 60077	Commissions due	20,000.00
Steven J. Reitman 212 The Lane Hinsdale, IL 60521	promissory note	977,500.00
Frederick J. Fitzsimmons 2142 Ashland Ave., Suite 2 Evanston, IL 60201	loan-defaulted	25,000.00
Peter M. Mott 525 Rockefeller Road Lake Forest, IL 60045	promissory note-defaulted	100,000.00
Michael T. Welch 1239 W. Montana Chicago, IL 60614	note (\$100,000) - defaulted; note (\$50,000) - defaulted	150,000.00
A. Alexander Arnold, III Apt. 16B 460 E. 79th Street New York, NY 10021	deposit of guarantor (\$250,000)	250,000.00
Timothy O'Brien 10419 Applewood Court Mequon, WI 53092	contract and custom software design	232,785.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	\$ 2,888,704.13

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re:) No. 07-4412
Biosafe Medical Technologies, Inc.) Chapter 11
Debtor.) Involuntary Petition
) Hon. Susan Pierson Sonderby
) Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

William R. Kitchel ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 *et seq.*, ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 28 th, 2007.


William R. Kitchel

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
William R. Kitchel 818 Cherokee Rd. Lake Forest, IL 60045	At least \$51,000.00	Salary

Official Form 5 (10/06)

United States Bankruptcy Court Northern District of Illinois		INVOLUNTARY PETITION
IN RE (Name of Debtor - If individual: Last, First, Middle) Biosafe Medical Technologies, Inc.		ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden, and trade names)
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all.)		
STREET ADDRESS OF DEBTOR (No., and street, city, state and zip code) 100 Field Dr., Suite 240 Lake Forest, IL COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS: Lake		MAILING ADDRESS OF DEBTOR (If different from street address)
		ZIP CODE 60045
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principle assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. §303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

05/12/2007 14:04 84/24/0469

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PAGE 17

Official Form 6 (10/08) - Cont.

Name of Debtor: Biosafe Medical Technologies, Inc.

Case No. 07-4412

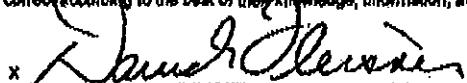
TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1002(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.


X _____
Signature of Petitioner or Representative (State title)

David C. Flechner

3/12/07

Date Signed

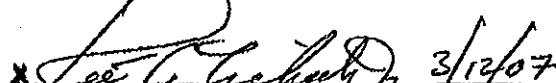
Name of Petitioner

Name & Mailing

Address of Individual

Signing in Representative

Capacity


X _____
Signature of Attorney

3/12/07
Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)

53 West Jackson Boulevard
Suite 1118
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

X _____
Signature of Petitioner or Representative (State title)

William S. Lear

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

X _____
Signature of Attorney

Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)
53 West Jackson Boulevard
Suite 1118
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

X _____
Signature of Petitioner or Representative (State title)

Focus Enterprises, Inc.

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

William S. Lear

875 N. Michigan Ave. Ste. 3011
Chicago, IL 60611

X _____
Signature of Attorney

Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)
53 West Jackson Boulevard
Suite 1118
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

X _____
Continuation sheet attached

X

03/12/2007 14:14 3127947801

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PAGE 81

Official Form 8 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. 07-4412

TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Signature of Petitioner or Representative (State title)

David C. Pfeifer

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X *William S. Lear*
Signature of Petitioner or Representative (State title)

William S. Lear

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X *William S. Lear, Partner*
Signature of Petitioner or Representative (State title)

Focus Enterprises, Inc.

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X Signature of Attorney Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)
53 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

X *Lee C. Michaels, Jr.* 3/12/07
Signature of Attorney Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)
53 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

X *Lee C. Michaels, Jr.* 3/12/07
Signature of Attorney Date

Bauch & Michaels, LLC

Name of Attorney Firm (if any)
53 West Jackson Boulevard
Suite 1115
Chicago, Illinois 60604

Address

(312) 688-5000

Telephone No.

3 Continuation sheet attached

03/12/2007 14:04 897470969

LANDMARK DX

PAGE 82

Official Form 6 (10/08) - Cont.

<i>[Signature]</i>		Name of Debtor <u>Biosafe Medical Technologies, Inc.</u> Case No. <u>07-4412</u>
<p>Signature of Petitioner or Representative (State title) <u>Ned Bedro</u> <u>3/12/07</u> Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____</p>		<p>Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 83 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 585-6000 Telephone No. _____</p>
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Stephen J. Reitman Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____</p>		<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 83 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 585-6000 Telephone No. _____</p>
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____</p>		<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 83 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 585-6000 Telephone No. _____</p>
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Peter M. Mott Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative _____ Capacity _____</p>		<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 83 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 585-6000 Telephone No. _____</p>

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NORTHWESTERN MUTUAL

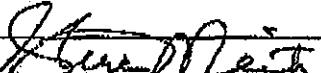
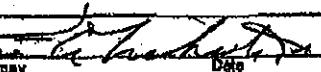
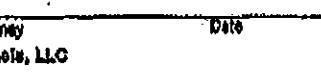
PAGE 02

03/12/2007 3:16 PM FROM: Bauch Michaela Bauch Michaela TO: 41 (647) 423-1110 PAGE: 002 OF 002

Official Form 5 (10/05) - Cont.

Name of Debtor Bioparts Medical Technologies, Inc.

Case No. 07-4412

Signature of Petitioner or Representative (State title) Ned Bedrito Name of Petitioner Date Signed		Signature of Attorney _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 63 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____
 X Signature of Petitioner or Representative (State title) Steven J. Reitman 3/12-07 Name of Petitioner Date Signed		 X Signature of Attorney _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 63 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____
 X Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons Name of Petitioner Date Signed		 X Signature of Attorney _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 63 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____
 X Signature of Petitioner or Representative (State title) Peter M. Matt Name of Petitioner Date Signed		 X Signature of Attorney _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 63 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____

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UNITED FAX

PAGE 81

Official Form 5 (10/06) - Cont.

Name of Debtor Biocare Medical Technologies, Inc.

Case No. 07-4412

Signature of Petitioner or Representative (State title)	Signature of Attorney	Date
Med Bedro	Bauch & Michaels, LLC	
Name of Petitioner _____	Name of Attorney Firm (if any) _____	
	53 West Jackson Boulevard	
Name & Mailing Address of Individual _____	Suite 1118	
Signing in Representative _____	Chicago, Illinois 60604	
Capacity _____	Address _____	
	(312) 588-5000	
	Telephone No. _____	
 <input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) _____	 <input checked="" type="checkbox"/> Signature of Attorney _____	 Date _____
Stephen J. Reitman	Bauch & Michaels, LLC	
Name of Petitioner _____	Name of Attorney Firm (if any) _____	
	53 West Jackson Boulevard	
Name & Mailing Address of Individual _____	Suite 1118	
Signing in Representative _____	Chicago, Illinois 60604	
Capacity _____	Address _____	
	(312) 588-5000	
	Telephone No. _____	
 <input checked="" type="checkbox"/> <i>Frederick J. Fitzsimmons</i> Signature of Petitioner or Representative (State title) _____	 <i>Frederick J. Fitzsimmons</i> Signature of Attorney _____	 Date _____
Frederick J. Fitzsimmons	Bauch & Michaels, LLC	
Name of Petitioner _____	Name of Attorney Firm (if any) _____	
	53 West Jackson Boulevard	
Name & Mailing Address of Individual _____	Suite 1118	
Signing in Representative _____	Chicago, Illinois 60604	
Capacity _____	Address _____	
	(312) 588-5000	
	Telephone No. _____	
 <input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) _____	 <input checked="" type="checkbox"/> Signature of Attorney _____	 Date _____
Peter M. Metz	Bauch & Michaels, LLC	
Name of Petitioner _____	Name of Attorney Firm (if any) _____	
	53 West Jackson Boulevard	
Name & Mailing Address of Individual _____	Suite 1118	
Signing in Representative _____	Chicago, Illinois 60604	
Capacity _____	Address _____	
	(312) 588-5000	
	Telephone No. _____	

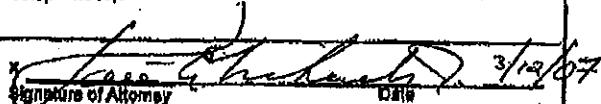
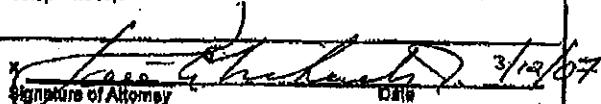
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Official Form 5 (10/08) - Cont.

Name of Petitioner: Biosafe Medical Technologies, Inc.Case No.: 07-4412

Signature of Petitioner or Representative (State title) <u>Ned Bedro</u> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity <input checked="" type="checkbox"/>	Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard Suite 1116 Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No. <input checked="" type="checkbox"/>
Signature of Petitioner or Representative (State title) <u>Stephen J. Reitman</u> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity <input checked="" type="checkbox"/>	Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard Suite 1116 Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No. <input checked="" type="checkbox"/>
Signature of Petitioner or Representative (State title) <u>Frederick J. Fitzsimmons</u> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity <input checked="" type="checkbox"/>	Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard Suite 1116 Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No. <input checked="" type="checkbox"/>
Signature of Petitioner or Representative (State title) <u>Peter M. Mott</u> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity <input checked="" type="checkbox"/>	 Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard Suite 1116 Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No.  3/12/07

*** TOTAL PAGE.01 ***

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P.3

Official Form 5 (10/08) - Cont.

Name of Debtor BioSafe Medical Technologies, Inc.

Case No. 07-4412

<p><input checked="" type="checkbox"/> <u>Michael T. Welch</u></p> <p>Signature of Petitioner or Representative (State title) Michael T. Welch</p> <p>Name of Petitioner <u>Michael T. Welch</u></p> <p>Name & Mailing Address of Individual Signing In Representative Capacity</p> <p><u>559 W. Montana</u> <u>Chicago, IL 60614</u></p>	<p><input checked="" type="checkbox"/> <u>Tori C. Zabel</u> <u>3/13/07</u></p> <p>Signature of Attorney Bauch & Michaels, LLC</p> <p>Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address <u>(312) 488-5000</u></p> <p>Telephone No.</p>
<p><input checked="" type="checkbox"/> <u>A. Alexander Arnold, III</u></p> <p>Signature of Petitioner or Representative (State title) A. Alexander Arnold, III</p> <p>Name of Petitioner <u>A. Alexander Arnold, III</u></p> <p>Name & Mailing Address of Individual Signing In Representative Capacity</p>	<p><input checked="" type="checkbox"/> <u>Tori C. Zabel</u> <u>3/13/07</u></p> <p>Signature of Attorney Bauch & Michaels, LLC</p> <p>Name of Attorney Firm (If any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address <u>(312) 488-5000</u></p> <p>Telephone No.</p>

03/13/2007 10:49 212-826-2198

FIRST REPUBLIC BANK

PAGE 26/26

Official Form 5 (10/06) - Cont.

Name of Debtor BioSafe Medical Technologies, Inc.

Case No. 07-4412

<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Michael T. Welch Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p> <p><i>M. Welch</i></p> <p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) A. Alexander Arnold, III Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Bauch & Michaelis, LLC Name of Attorney Firm (If any) 83 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 688-5000 _____ Telephone No. _____</p> <p><i>A. Alexander Arnold, III 3/13/07</i></p> <p><input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Bauch & Michaelis, LLC Name of Attorney Firm (If any) 83 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604</p> <p>Address _____ (312) 688-5000 _____ Telephone No. _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Mar 13 2007 11:57AM O'Brien Consulting

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p.6

Official Form 5 (10/06) - Cont.

Name of Debtor - Biosafe Medical Technologies, Inc.

Case No. 07-4412

<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) Michael T. Welch Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p>	<p><input checked="" type="checkbox"/> Signature of Attorney Date Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1116 Chicago, Illinois 60604</p> <p>Address (312) 588-5000 Telephone No.</p>
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) A. Alexander Arnold, III Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p>	<p><input checked="" type="checkbox"/> Signature of Attorney Date Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1116 Chicago, Illinois 60604</p> <p>Address (312) 588-5000 Telephone No.</p>
<p><input checked="" type="checkbox"/> <i>Timothy O'Brien</i> Signature of Petitioner or Representative (State title) Timothy O'Brien <i>3-13-07</i> Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p>	<p><input checked="" type="checkbox"/> <i>Face A. Burkhardt 3/13/07</i> Signature of Attorney Date Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1116 Chicago, Illinois 60604</p> <p>Address (312) 588-5000 Telephone No.</p>

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.Case No. 07-4412

PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
David C. Fiebsner 1163 Ranch Road Lake Forest, IL 60045	salary (\$209,000), bonus (\$75,000), bonus (\$225,000), contract severance (\$545,000), loan (\$12,419.13)	1,068,419.13
William S. Lear c/o Focus Enterprises, Inc. 875 N. Michigan Ave. Suite 3011 Chicago, IL 60611	salary (\$41,000), expense reimbursement (\$14,000)	55,000.00

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.Case No. 07-4412

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Focus Enterprises, Inc. 875 N. Michigan Avenue Suite 3011 Chicago, IL 60611	contract claim	12,000.00
Ned Bedrio 5308 Main Street Skokie, IL 60077	commissions due	20,000.00
Steven J. Reitman 212 The Lane Hinsdale, IL 60521	promissory note	977,500.00
Frederick J. Fitzsimmons 2142 Ashland Ave., Suite 2 Evanston, IL 60201	loan-defaulted	25,000.00
Peter M. Mott 525 Rockefeller Road Lake Forest, IL 60045	promissory note-defaulted	100,000.00
Michael T. Welch 1239 W. Montana Chicago, IL 60614	note (\$100,000) - defaulted; note (\$50,000) - defaulted	150,000.00
A. Alexander Arnold, III Apt. 16B 460 E. 79th Street New York, NY 10021	deposit of guarantor (\$250,000)	250,000.00
Timothy O'Brien 10419 Applewood Court Mequon, WI 53092	contract and custom software design	232,785.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$ 2,888,704.13

EXHIBIT 1

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

In re:) No. 07-4412
) Chapter 11
 Biosafe Medical Technologies, Inc.)
) Involuntary Petition
 Debtor.)
) Hon. Susan Pierson Sonderby
) Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

Donald C. Sharp ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 et seq., ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

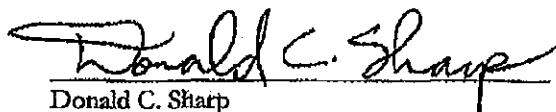
Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
 One of Their Attorneys

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 26, 2007.


Donald C. Sharp

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Donald C. Sharp 306 Spring Ave. Glen Ellyn, IL 60137	\$25,000.00	Defaulted note payable

EXHIBIT 2

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

In re:) No. 07-4412
Biosafe Medical Technologies, Inc.) Chapter 11
Debtor.) Involuntary Petition
) Hon. Susan Pierson Sonderby
) Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

Mark C. Brun ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 *et seq.*, ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

Mar-27-07 19:50 From-Fedex Kinko's 8620

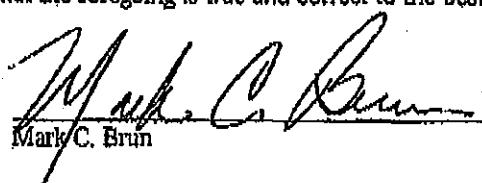
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T-821 P.004/005 F-377

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 27th 2007.


Mark C. Burn

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Mark C. Burn 409 N Meacham Park Ridge, IL 60068	\$4,040.00	Architectural services

EXHIBIT 3

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

In re:) No. 07-4412
Biosafe Medical Technologies, Inc.) Chapter 11
Debtor.) Involuntary Petition
) Hon. Susan Pierson Sonderby
) Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

Mason Kenneth Bien ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 *et seq.*, ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

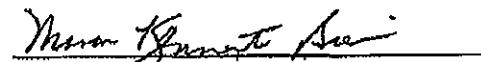
Mar 26 07 05:08p Ken Bien

858-756-2890

P.1

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 26, 2007.


Mason Kenneth Bien

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Mason Kenneth Bien 5515 San Elijo PO Box 327 RANCHO SANTA FE, CA 92067 ^{DK} 5503 SW STONEGATE CT	\$214,500.00; defaulted loan due from Debtor (\$100,000); defaulted loan due from Debtor's subsidiary (\$100,000); interest due on both loans, in excess of \$14,500	Unsecured loans

TOPEKA, KANSAS 66606